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Bib Data Sheet

CONFIRMATION NO. 3078

|  |   |                               |   |                        |                            |
|--|---|-------------------------------|---|------------------------|----------------------------|
| SERIAL NUMBER<br>10/761,301  | FILING DATE<br>01/22/2004<br><br>RULE   | CLASS<br>099                  | GROUP ART UNIT<br>1761  | ATTORNEY<br>DOCKET NO. |                            |
| <b>APPLICANTS</b><br><br>Lien-Fu Huang, Luchow City, TAIWAN;<br><br><b>** CONTINUING DATA *****</b><br><br><b>** FOREIGN APPLICATIONS *****</b><br><br><b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b><br><b>** 04/23/2004</b>   |   |                               |   |                        |                            |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>met<br>Verified and <u>Allowance</u><br>Acknowledged <u>Examiner's Signature</u> <u>Initials</u> |   | STATE OR<br>COUNTRY<br>TAIWAN | SHEETS<br>DRAWING<br>18   | TOTAL<br>CLAIMS<br>7   | INDEPENDENT<br>CLAIMS<br>1 |
| <b>ADDRESS</b><br>TROXELL LAW OFFICE PLLC<br>5205 LEESBURG PIKE, SUITE 1404<br>FALLS CHURCH , VA<br>22041  |   |                               |   |                        |                            |
| <b>TITLE</b><br>Device for molding spheroidal food products  |   |                               |   |                        |                            |
| FILING FEE<br><br>RECEIVED<br>385  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                        |                            |